

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-041906**

STATE FILE NUMBER

Registration District No. **53**

Primary Registration District No. **0000**

Registrar's No. **516**

**FILED NOV 27 1962**

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>White Water</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3-Mi. W. Millersville</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> c. CITY OR TOWN <b>Near Millersville</b> d. STREET ADDRESS (If outside, give location) <b></b>	
3. NAME OF DECEASED (Type or print) First <b>Emma</b> Middle <b>Jane</b> Last <b>Summers</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>23-</b> Year <b>1962</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 1-1880</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>22</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Keening House</b>	
11. BIRTHPLACE (City and state or country) <b>Millersville Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wiley Wallis</b>		13b. MOTHER'S MAIDEN NAME <b>Columbia Lape</b>	
14. NAME OF HUSBAND OR WIFE <b>W.H. Summers Dec.</b>		Address <b></b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b></b>		16. SOCIAL SECURITY NO. <b></b>	
17. INFORMANT <b></b>		Address <b></b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b></b> DUE TO (c) <b></b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b></b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b></b>	
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>		20f. CITY, TOWN, OR LOCATION <b></b> COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b>3-28-55</b> to <b>Nov. 23, 1962</b> and last saw her alive on <b>Nov. 23, 1962</b> Death occurred at <b>12:30</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. H. Jaeger, M.D.</b> (Degree or title)		22b. ADDRESS <b>Jackson Mo.</b>	
22c. DATE SIGNED <b>Nov 24, 1962</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 25-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fair View Cemetary</b>	
23d. LOCATION (City, town, or county) <b>3 Mi. W. Millersville Mo</b>		(State) <b></b>	
24. FUNERAL DIRECTOR <b>Deneke-Laird Jackson Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-24-62</b>	
26. REGISTRAR'S SIGNATURE <b>J. H. Jaeger</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. O. Raine

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.